

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

**See Instructions and *Privacy
Statement on Reverse Side**

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CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Executive			INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 2415 1st Avenue			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY			STATE
			Sacramento			CA
						95818

(1) MONTH/YEAR	(3)		(4)	(5) MEALS			(6)	(7) TRANSPORTATION							(8)		(9)	
5,6/09	LOCATION WHERE EXPENSES WERE INCURRED		LODGING	BREAK-FAST	LUNCH	O.T., D/T, N/C, RELO.	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE							
(2) DATE TIME						DINNER					MILES	AMOUNT						
5/13	1001 1020 Sacramento								SC	\$1.50						\$1.50		
6/1/	1043 1140 Sacramento								SC	\$5.25						\$5.25		
(10)	SUBTOTALS																	
COLUMN CODE (ACCTG. USE ONLY)																		
CLAIM TOTAL													\$		\$6.75			

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
5/13 Attended and Participated in the Assembly Budget Hearing	(13) PRIVATE VEHICLE LICENSE NUMBER
6/1 Met with Assemblymember Kevin Jeffries at 1, at his request, regarding a constituent concern	(14) MILEAGE RATE CLAIMED